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B22C (Official Form 22C) (Chapter 13) (01/08)

|              | Adalbe | rto Gonzalez |   |
|--------------|--------|--------------|---|
| In re        | Zenaid | a Gonzalez   |   |
|              |        | Debtor(s)    | _ |
| Case Number: |        | 09-21070     |   |
|              |        | (If known)   | _ |

| According to the calculations required by this statement:           | 1 |
|---|---|
| ☐ The applicable commitment period is 3 years.                      |   |
| ■ The applicable commitment period is 5 years.                      |   |
| ■ Disposable income is determined under § 1325(b)(3).               |   |
| ☐ Disposable income is not determined under § 1325(b)(3).           |   |
| (Check the boxes as directed in Lines 17 and 23 of this statement.) |   |

### **AMENDED**

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|   | Part I. REPORT OF INCOME  |       |                 |    |          |  |  |  |
|---|---|-------|-----------------|----|----------|--|--|--|
|   | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  |       |                 |    |          |  |  |  |
| 1 | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.  |       |                 |    |          |  |  |  |
|   | b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")   | ne'') | for Lines 2-10. |    |          |  |  |  |
|   | All figures must reflect average monthly income received from all sources, derived during the six   |       | Column A        |    | Column B |  |  |  |
|   | calendar months prior to filing the bankruptcy case, ending on the last day of the month before   |       | Debtor's        |    | Spouse's |  |  |  |
|   | the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.                                       |       | Income          |    | Income   |  |  |  |
|   | * *   | l .   |                 |    |          |  |  |  |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions.  | \$    | 3,042.54        | \$ | 2,693.30 |  |  |  |
|   | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and   |       |                 |    |          |  |  |  |
|   | enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a      |       |                 |    |          |  |  |  |
|   | number less than zero. Do not include any part of the business expenses entered on Line b as  |       |                 |    |          |  |  |  |
| 3 | a deduction in Part IV.   |       |                 |    |          |  |  |  |
|   | Debtor Spouse   |       |                 |    |          |  |  |  |
|   | a. Gross receipts \$ 0.00 \$ 0.00   |       |                 |    |          |  |  |  |
|   | b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00 c. Business income Subtract Line b from Line a  | \$    | 0.00            | •  | 0.00     |  |  |  |
|   |   | Ψ     | 0.00            | Ψ  | 0.00     |  |  |  |
|   | <b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any</b> |       |                 |    |          |  |  |  |
|   | part of the operating expenses entered on Line b as a deduction in Part IV.   |       |                 |    |          |  |  |  |
| 4 | Debtor Spouse   |       |                 |    |          |  |  |  |
|   | a. Gross receipts \$ 2,408.33 \$ 0.00   |       |                 |    |          |  |  |  |
|   | b. Ordinary and necessary operating expenses \$ 3,070.00 \$ 0.00 c. Rent and other real property income Subtract Line b from Line a   | \$    | 0.00            | ¢. | 0.00     |  |  |  |
|   |   |       |                 |    | 0.00     |  |  |  |
| 5 | Interest, dividends, and royalties.   | \$    | 0.00            | \$ | 0.00     |  |  |  |
| 6 | Pension and retirement income.  | \$    | 0.00            | \$ | 0.00     |  |  |  |
|   | Any amounts paid by another person or entity, on a regular basis, for the household   |       |                 |    |          |  |  |  |
| 7 | expenses of the debtor or the debtor's dependents, including child support paid for that  |       |                 |    |          |  |  |  |
|   | <b>purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.   | \$    | 0.00            | \$ | 0.00     |  |  |  |
|   | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8.  |       |                 |    |          |  |  |  |
|   | However, if you contend that unemployment compensation received by you or your spouse was a   |       |                 |    |          |  |  |  |
| 8 | benefit under the Social Security Act, do not list the amount of such compensation in Column A  |       |                 |    |          |  |  |  |
| 8 | or B, but instead state the amount in the space below:  |       |                 |    |          |  |  |  |
|   | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00   |       |                 |    |          |  |  |  |
|   | be a benefit under the Social Security Act   Debtor \$ 0.00   Spouse \$ 0.00  | \$    | 0.00            | \$ | 0.00     |  |  |  |

| 9  | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  |   |          |                   |  |  |
|----|--|---|----------|-------------------|--|--|
|    | Debtor Spouse  |   |          |                   |  |  |
|    | a.   | \$ 0.0  | 00 \$    | 0.00              |  |  |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9   | \$ 3,042.5  |          | 2,693.30          |  |  |
| 11 | <b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.  | \$  |          | 5,735.84          |  |  |
|    | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT P.   | ERIOD   |          |                   |  |  |
| 12 | Enter the amount from Line 11  |   | \$       | 5,735.84          |  |  |
| 13 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you concalculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regithe household expenses of you or your dependents and specify, in the lines below, the basis for exclusion income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additions on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    a. | of your spouse,<br>ular basis for<br>uding this<br>ne debtor or the | \$       | 0.00              |  |  |
| 14 | Subtract Line 13 from Line 12 and enter the result.  |   | \$       | 5,735.84          |  |  |
| 15 | <b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the renter the result.  | number 12 and   | \$       | 68,830.08         |  |  |
| 16 | <b>Applicable median family income.</b> Enter the median family income for applicable state and househ information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy co a. Enter debtor's state of residence:  NV  b. Enter debtor's household size:  |   | \$       | 65,783.00         |  |  |
| 17 | <ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</li> <li>□ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable top of page 1 of this statement and continue with this statement.</li> <li>■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicate the top of page 1 of this statement and continue with this statement.</li> </ul>  | •   | eriod is | s 3 years" at the |  |  |
|    | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABL  | E INCOME  |          |                   |  |  |
| 18 | Enter the amount from Line 11.   |   | \$       | 5,735.84          |  |  |
| 19 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 1 any income listed in Line 10, Column B that was NOT paid on a regular basis for the household exp debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B i payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustness separate page. If the conditions for entering this adjustment do not apply, enter zero.    a.   |   |          |                   |  |  |
|    | Total and enter on Line 19.  |   | \$       | 0.00              |  |  |
| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.   |   | \$       | 5,735.84          |  |  |

| 21   |   | <b>inualized current monthly income for § 1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 at ter the result. |                          |       |           |  |                       | \$ | 68,830.08        |
|--|---|--|--------------------------|-------|-----------|--|-----------------------|----|------------------|
| 22   | Applic  | able median family incom   | e. Enter the amount from | n Lin | e 16.     |  |                       | \$ | 65,783.00        |
|  | Application of § 1325(b)(3). Check the applicable box and proceed as directed.  |  |                          |       |           |  |                       |    | ·                |
| 23   | 132   | e amount on Line 21 is more 25(b)(3)" at the top of page   | 1 of this statement and  | comp  | lete the  | remaining parts of   | this statement.       |    |                  |
|  |   | e amount on Line 21 is not 25(b)(3)" at the top of page  |                          |       |           |  |                       |    |                  |
|  | 1   | Part IV. CA  | ALCULATION (             | )F I  | DEDU      | CTIONS FR  | OM INCOME             |    |                  |
|  |   | Subpart A: De  | eductions under Star     | ıdar  | ds of th  | e Internal Reve  | enue Service (IRS)    |    |                  |
| 24A  | Enter i   | nal Standards: food, appar<br>in Line 24A the "Total" amount<br>able household size. (This in<br>ptcy court.)                  | ount from IRS National   | Stand | lards for | Allowable Living   | Expenses for the      | \$ | 1,152.00         |
| 24B  | Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. |  |                          |       |           |  |                       |    |                  |
|  | l <del></del>   | ehold members under 65 y   |                          |       | 1         | nembers 65 years   | _                     |    |                  |
|  | a1.   | Allowance per member   | 60                       |       |           | ance per member  | 144                   |    |                  |
|  | b1.   | Number of members Subtotal   | 180.00                   | b2.   | Subtot    | er of members  | 0.00                  | _  |                  |
| 25A  | Local S<br>Utilitie   | Standards: housing and ut<br>ss Standards; non-mortgage<br>ole at www.usdoj.gov/ust/ or  | ilities; non-mortgage e  | expen | ses. Ent  | er the amount of the thick the desired amount of the thick the thi | ne IRS Housing and    | \$ | 180.00<br>419.00 |
| Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.  [a. IRS Housing and Utilities Standards; mortgage/rent Expense] \$ 1,253.00 |   |  |                          |       |           |  |                       |    |                  |
|  |   | Average Monthly Payment home, if any, as stated in Li  |                          | y you | ır        | \$   | 0.00                  |    |                  |
|  |   | Net mortgage/rental expens   |                          |       |           | Subtract Line b fi   | om Line a.            | \$ | 1,253.00         |
| 26   | 25B do<br>Standa  | Standards: housing and ut<br>bes not accurately compute t<br>rds, enter any additional am<br>tion in the space below:          | the allowance to which   | you a | re entitl | ed under the IRS I   | Housing and Utilities |    |                  |

|     | 1  |   |             | 1      |  |  |
|-----|--|---|-------------|--------|--|--|
|     | <b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  |   |             |        |  |  |
|     | Check the number of vehicles for which you pay the operating expens  | ses or for which the operating expenses are   |             |        |  |  |
| 27A | included as a contribution to your household expenses in Line 7. $\square$ 0   | $\square$ 1 $\square$ 2 or more.  |             |        |  |  |
|     | If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/  | e "Operating Costs" amount from IRS Local<br>e applicable Metropolitan Statistical Area or  | \$          | 422.00 |  |  |
| 27B | B Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |   |             |        |  |  |
|     | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)   1  2 or more.  |   |             |        |  |  |
| 28  | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. <b>Do not enter an amount less than zero.</b>   | court); enter in Line b the total of the Average  |             |        |  |  |
|     | a. IRS Transportation Standards, Ownership Costs   | \$ 0.00   |             |        |  |  |
|     | Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47  | \$ 0.00   |             |        |  |  |
|     | c. Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a.  | \$          | 0.00   |  |  |
| 29  | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Li the result in Line 29. <b>Do not enter an amount less than zero.</b>   | court); enter in Line b the total of the Average  | <b>&gt;</b> |        |  |  |
|     | a. IRS Transportation Standards, Ownership Costs   | \$ 0.00   | ]           |        |  |  |
|     | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47   | \$ 0.00   |             |        |  |  |
|     | c. Net ownership/lease expense for Vehicle 2   | Subtract Line b from Line a.  | \$          | 0.00   |  |  |
| 30  | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale   | come taxes, self employment taxes, social   | \$          | 885.55 |  |  |
| 31  | Other Necessary Expenses: mandatory deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volumes.  | \$  | 57.50       |        |  |  |
| 32  | Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.  | \$  | 0.00        |        |  |  |
| 33  | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.   |   |             |        |  |  |
|     |  |   | \$          | 0.00   |  |  |
| 34  |  | spousal or child support payments. <b>Do not</b> ysically or mentally challenged child. Enter ion that is a condition of employment and for   |             | 0.00   |  |  |
| 34  | include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educat education that is required for a physically or mentally challenged dep  | spousal or child support payments. <b>Do not</b> ysically or mentally challenged child. Enter ion that is a condition of employment and for endent child for whom no public education |             |        |  |  |

| 36 | Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.   | \$ 0.00     |
|----|--|-------------|
| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.   | \$ 80.00    |
| 38 | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.   | \$ 4,449.05 |
|    | Subpart B: Additional Living Expense Deductions  |             |
|    | Note: Do not include any expenses that you have listed in Lines 24-37  |             |
|    | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents  |             |
| 39 | a. Health Insurance \$ 0.00  |             |
|    | b. Disability Insurance \$ 0.00  |             |
|    | c.   Health Savings Account   \$ 0.00  |             |
|    | Total and enter on Line 39   | \$ 0.00     |
|    | <b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:   |             |
|    | \$   |             |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.   | \$ 0.00     |
| 41 | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   | \$ 0.00     |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  | \$ 0.00     |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and  | \$ 0.00     |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is | \$ 0.00     |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §   | \$ 0.00     |
|    |  |             |

|    |   |   | <b>Subpart C: Deductions for</b>   | Debt 1   | Payment  |   |       |          |
|----|---|---|--|--|--|---|-------|----------|
| 47 | own,<br>check<br>sched<br>case,   | list the name of creditor, ide<br>whether the payment includ-<br>uled as contractually due to   | ins. For each of your debts that is securify the property securing the debt, states taxes or insurance. The Average Meach Secured Creditor in the 60 month list additional entries on a separate page. | nte the Another Items on the the Another Items of the Items of Item | Average Monthly Payment is the to wing the filing of                                       | Payment, and tal of all amounts the bankruptcy                        |       |          |
|    | Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance  |   |  |  |  |   |       |          |
|    | a.  | Countrywide Home<br>Lending   | 5944 Hickory<br>Las Vegas, NV<br>Cramdown  | \$   |  | ■yes □no  |       |          |
|    |   |   |  | T  | otal: Add Lines  |   | \$    | 1,750.00 |
| 48 | motor<br>your of<br>payme<br>sums   | vehicle, or other property n<br>deduction 1/60th of any amo<br>ents listed in Line 47, in ord<br>in default that must be paid<br>llowing chart. If necessary, l | ecessary for your support or the suppount (the "cure amount") that you must er to maintain possession of the proper in order to avoid repossession or forecast additional entries on a separate pag    | rt of you<br>pay the<br>ty. The<br>losure.   | ur dependents, your dependents, your creditor in additt cure amount would be and total any | ou may include in<br>ion to the<br>uld include any<br>such amounts in |       |          |
|    |   | Name of Creditor  | Property Securing the Debt   |  |  | he Cure Amount  |       |          |
|    | a.  | -NONE-  | +  |  | \$   | Total: Add Lines  | \$    | 0.00     |
| 49 | priori<br>not in<br>Chap  | ty tax, child support and alin<br>aclude current obligations,   | y claims. Enter the total amount, dividence on the claims, for which you were liable such as those set out in Line 33.  Inses. Multiply the amount in Line a by  | at the t   | ime of your banl   | kruptcy filing. Do  | \$    | 0.00     |
|    | a.  | Projected average monthl  | y Chapter 13 plan payment.   | \$   |  | 2,200.00  |       |          |
| 50 | b.  | Current multiplier for you issued by the Executive C information is available a the bankruptcy court.)  | or district as determined under schedule office for United States Trustees. (This twww.usdoj.gov/ust/ or from the clerk trative expense of Chapter 13 case   | es of x  | otal: Multiply Li  | 10.00   | \$    | 220.00   |
| 51 | +   |   | ent. Enter the total of Lines 47 through   | •  |  |   | \$    | 4 070 00 |
| 31 | Total   | Deductions for Debt Layin   | Subpart D: Total Deduction   |  | n Income   |   | Ф     | 1,970.00 |
| 52 | Total   | of all deductions from inco   | ome. Enter the total of Lines 38, 46, an   |  |  |   | \$    | 6,419.05 |
|    |   | Part V. DETERN  | MINATION OF DISPOSABL  | E INC  | COME UNDI  | ER § 1325(b)(   | 2)    |          |
| 53 | Total   | current monthly income.   | Enter the amount from Line 20.   |  |  |   | \$    | 5,735.84 |
| 54 | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. |   |  |  |  | \$  | 0.00  |          |
| 55 | wages   |   | Enter the monthly total of (a) all amored retirement plans, as specified in § 54 ecified in § 362(b)(19).  |  |  |   | of \$ | 0.00     |
| 56 | Total   | of all deductions allowed u   | under § 707(b)(2). Enter the amount f  | rom Lir  | ne 52.   |   | \$    | 6,419.05 |

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|    | there If nee prov | e is no reasonable alternative, describe the special circumstances. If there are special circumstances, list additional entries on a separate page. To ride your case trustee with documentation of these he special circumstances that make such expense n | cumstances and the resulting expens<br>tal the expenses and enter the total in<br>expenses and you must provide a | es in lines a-c below.<br>n Line 57. <b>You must</b> |          |
|----|-------------------|---|---|--|----------|
| 57 |                   | Nature of special circumstances   | Amount of Exp   | ense   |          |
|    | a.                |   | \$  |  |          |
|    | b.                |   | \$  |  |          |
|    | c.                |   | \$  |  |          |
|    |                   |   | Total: Add Lin  | ies \$   | 0.00     |
| 58 | Tota<br>resul     | al adjustments to determine disposable income. Adlt.  | ld the amounts on Lines 54, 55, 56,   | and 57 and enter the \$                              | 6,419.05 |
| 59 | Mon               | thly Disposable Income Under § 1325(b)(2). Subt   | ract Line 58 from Line 53 and enter   | the result. \$                                       | -683.21  |
|    |                   | Part VI. ADDITI   | ONAL EXPENSE CLAIMS   | <u> </u>   |          |
|    | of yo             | er Expenses. List and describe any monthly expense ou and your family and that you contend should be at b)(2)(A)(ii)(I). If necessary, list additional sources of item. Total the expenses.   | n additional deduction from your cur  | rent monthly income under §                          |          |
| 60 |                   | Expense Description   |   | Monthly Amount                                       |          |
|    | a.                |   | \$  |  |          |
|    | b.                |   | \$  |  |          |
|    | c.                |   | <b> </b> \$   |  |          |

### Part VII. VERIFICATION

Total: Add Lines a, b, c and d

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: April 28, 2010 Signature: /s/ Adalberto Gonzalez

Adalberto Gonzalez (Debtor)

Date: April 28, 2010 Signature /s/ Zenaida Gonzalez

Zenaida Gonzalez

\$

(Joint Debtor, if any)

# **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 12/01/2008 to 05/31/2009.

## Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Las Vegas Roofing Supply

Income by Month:

| 6 Months Ago: | 12/2008            | \$4,188.91 |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2009            | \$3,337.60 |
| 4 Months Ago: | 02/2009            | \$2,571.04 |
| 3 Months Ago: | 03/2009            | \$2,712.16 |
| 2 Months Ago: | 04/2009            | \$2,055.84 |
| Last Month:   | 05/2009            | \$3,389.68 |
|               | Average per month: | \$3,042.54 |

### Line 4 - Rent and other real property income

Source of Income: **4501 Snapdragon** Income/Expense/Net by Month:

|               | Date               | Income     | Expense                     | Net       |
|---------------|--------------------|------------|-----------------------------|-----------|
| 6 Months Ago: | 12/2008            | \$1,100.00 | \$1,270.00                  | \$-170.00 |
| 5 Months Ago: | 01/2009            | \$1,230.00 | \$1,270.00                  | \$-40.00  |
| 4 Months Ago: | 02/2009            | \$1,230.00 | \$1,270.00                  | \$-40.00  |
| 3 Months Ago: | 03/2009            | \$1,230.00 | \$1,270.00                  | \$-40.00  |
| 2 Months Ago: | 04/2009            | \$1,230.00 | \$1,270.00                  | \$-40.00  |
| Last Month:   | 05/2009            | \$1,230.00 | \$1,270.00                  | \$-40.00  |
| _             | Average per month: | \$1,208.33 | \$1,270.00                  |           |
|               |                    | _          | Average Monthly NET Income: | \$-61.67  |

## Line 4 - Rent and other real property income

Source of Income: **5944 Hickory** Income/Expense/Net by Month:

|               | Date               | Income     | Expense                     | Net       |
|---------------|--------------------|------------|-----------------------------|-----------|
| 6 Months Ago: | 12/2008            | \$1,200.00 | \$1,800.00                  | \$-600.00 |
| 5 Months Ago: | 01/2009            | \$1,200.00 | \$1,800.00                  | \$-600.00 |
| 4 Months Ago: | 02/2009            | \$1,200.00 | \$1,800.00                  | \$-600.00 |
| 3 Months Ago: | 03/2009            | \$1,200.00 | \$1,800.00                  | \$-600.00 |
| 2 Months Ago: | 04/2009            | \$1,200.00 | \$1,800.00                  | \$-600.00 |
| Last Month:   | 05/2009            | \$1,200.00 | \$1,800.00                  | \$-600.00 |
| _             | Average per month: | \$1,200.00 | \$1,800.00                  |           |
|               |                    |            | Average Monthly NET Income: | \$-600.00 |

# **Current Monthly Income Details for the Debtor's Spouse**

## **Spouse Income Details:**

Income for the Period 12/01/2008 to 05/31/2009.

## Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Harrah's Casino

Income by Month:

| 6 Months Ago: | 12/2008            | \$2,052.21 |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2009            | \$2,216.23 |
| 4 Months Ago: | 02/2009            | \$2,340.24 |
| 3 Months Ago: | 03/2009            | \$3,736.49 |
| 2 Months Ago: | 04/2009            | \$3,363.36 |
| Last Month:   | 05/2009            | \$2,451.26 |
|               | Average per month: | \$2,693.30 |

# **United States Bankruptcy Court District of Nevada**

| In re | Adalberto Gonzalez  re Zenaida Gonzalez |           | Case No. | 09-21070 |  |
|-------|---|-----------|----------|----------|--|
|       |   | Debtor(s) | Chapter  | 13       |  |

# AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of \_\_\_\_ page(s), and that they are true and correct to the best of my knowledge, information, and belief.

| Date | April 28, 2010 | Signature | /s/ Adalberto Gonzalez |
|------|----------------|-----------|------------------------|
|      |                |           | Adalberto Gonzalez     |
|      |                |           | Debtor                 |
| Date | April 28, 2010 | Signature | /s/ Zenaida Gonzalez   |
|      |                | C         | Zenaida Gonzalez       |
|      |                |           | Joint Debtor           |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.